

**ST. LOUIS COUNTY**  
**Monthly Insurance Rates Effective 1/1/2019**  
**Full Time Employees**

**I. St. Louis County Comprehensive Major Medical**

	<u>Employer Share of Single Coverage</u>		<u>Employer Share of Dependent Coverage</u>		<u>Total Employer Share</u>	<u>Employee Share of Dependent Coverage</u>		<u>Additonal Employee Share or Surcharge</u>		<u>Total Employee Share</u>		<u>Total Cost of Coverage</u>
Single	\$865.36	+	\$0.00	=	\$865.36	\$0.00	+	\$56.94	=	\$56.94	=	\$922.30
Family 80/20	\$865.36	+	\$975.81	=	\$1,841.18	\$243.95	+	\$56.94	=	\$300.89	=	\$2,142.06

**Bargaining units under rate structure in Section I. :**

80/20

Teamsters

**II. St. Louis County Comprehensive Major Medical**

	<u>Employer Share of Single Coverage</u>		<u>Employer Share of Dependent Coverage</u>		<u>Total Employer Share</u>	<u>Employee Share of Dependent Coverage</u>		<u>Additonal Employee Share or Surcharge</u>		<u>Total Employee Share</u>		<u>Employee Share Not Funded</u>		<u>Total Cost of Coverage</u>
Single	\$783.58	+	\$0.00	=	\$783.58	\$0.00	+	\$72.72	=	\$72.72	+	\$66.00	=	\$922.30
Family 80/20	\$783.58	+	\$975.81	=	\$1,759.39	\$243.95	+	\$72.72	=	\$316.67	+	\$66.00	=	\$2,142.06
Family 70/30	\$783.58	+	\$853.83	=	\$1,637.41	\$365.93	+	\$72.72	=	\$438.65	+	\$66.00	=	\$2,142.06

**Bargaining units under rate structure in Section II:**

80/20

70/30

CS Basic Unit

Merit System Basic

ARC Basic

Unclassified Investigators

ARC Essential

Unclassified Attorneys

MN Courts

Deputy Sheriffs

Unrepresented

Jail/911

County Commissioners

Management Comp

ARC Directors

Confidential

ARC Unclassified

CS Supervisors

ARC Supervisory

**III. Employee Dental - 100% Employer Paid**

\$40.16 Employer Share

**IV. Dependent Dental - 100% Employee Paid**

\$45.35 Spouse

\$31.30 One Child

\$79.70 Family (2+ dependents)

**VI. Basic Life Insurance - 100% Employer Paid**

\$0.09 per \$1,000 in coverage

**VII. COBRA**

Medical	\$940.74 Single	\$2,184.90 Family
Medical - Former Spouse	\$42.84 EE w/Family	\$940.74 EE w/Single
Employee Dental	\$40.96	
Dependent Dental - Spouse	\$46.26	
Dependent Dental - Former Spouse	\$1.59 EE w/Family	\$46.26 EE w/single
Dependent Dental - One Child	\$31.93	
Dependent Dental - Family	\$81.29	

Updated on: 1/24/2019